



Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____



Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. _____

Special limitations or concerns? _____



School Age Only

School Name: _____ Grade _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Parent/Guardian initials:***



Parent/Guardian Signature

Date

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)



Maplewood Special Consent Page

Parent Handbook

A copy of the Parent handbook and addendums is available on our website for future reference. I have received and do understand the Maplewood Enrichment Center Parent Handbook.

Circle One: I agree I disagree Initial _____

Photo Release

I authorize Maplewood Enrichment Center, Inc. to have, use, publish and reproduce photographs, slides, moving pictures or television video tape of the child (without using names) as may be necessary for its records or public relations programs, including the Internet.

Circle One: I agree I disagree Initial _____

Technology Consent/Cell Phone Policy

Items not allowed at Maplewood: Cell Phones (must stay in backpack), Cameras, iPods, MP3 Players, electronic games, or personal toys from home.

Cell Phone Policy: Use of cell phones will not be permitted at Maplewood Enrichment Center. If you as a parent feel the need for your child to bring a cell phone with them – they will be required to follow the guidelines listed below:

1. The phone MUST remain in their bags at Maplewood as well as the bus ride to Maplewood.
 2. They cannot make calls, check phone messages, text or take pictures.
 3. They cannot allow any other person to use their phone for any reason.
 4. Violation of this policy: the phone will be turned into the office and the parent will be required to pick it up at the end of the day.
- Please understand, children are always allowed access to the phone in the office. If there is an emergency/problem Maplewood Staff will make the necessary call and allow the children to speak with an adult as needed. We would ask for the parent's full cooperation in helping us to adhere to this policy.

Circle One: I agree I disagree Initial _____

Hand Sanitizer

Although each program encourages proper hand washing procedures throughout the day, there may be occasions of supervised use of hand sanitizer to help stop the spread of germs. I give my child(ren) my permission for supervised use of hand sanitizer regularly.

Circle One: I agree I disagree Initial _____

Sunscreen

By selecting Apply Maplewood Sunscreen, I give my child(ren) my permission to have sunscreen (brand supplied by the program) applied to my child(ren) when participating in outdoor activities at Maplewood.

By selecting Apply Own Sunscreen, I prefer that my child(ren) use sunscreen (provided by me) for application when participating in outdoor activities.

Circle One: Maplewood Sunscreen Family Supplied Sunscreen Initial _____

Bug Repellent

By selecting Apply Maplewood Bug Repellent, I give my child(ren) my permission to have bug repellent (brand supplied by the program) applied to my child(ren) when participating in outdoor activities at Maplewood.

By selecting Apply Own Bug Repellent, I prefer that my child(ren) use bug repellent (provided by me) for application when participating in outdoor activities.

Circle One: Maplewood Bug Repellent Family Supplied Bug Repellent Initial _____

Parent Signature: _____

Date: _____

Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF

PARENT PICK UP

SUPERVISED WALK

SUPERVISED WALK

UNSUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

Commonwealth of Massachusetts
Department of Early Education and Care

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please ✓ one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (**applied to open wound/ broken skin**) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)